L4 ANSWER 1 OF 10 MEDLINE
AN 2002183742 MEDLINE
DN 21913882 PubMed ID: 11915744
TI Tumor marker in ovarian cancer.
AU Komai Kan; Nishida Takashi
CS Dept. of Gynecology and Obstetrics, Kurume University School of Medicine, 67 Asahi-machi, Krume 830-0011, Japan.
SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (2002 Mar) 29 (3) 481-6. Ref: 16
Journal code: 7810034. ISSN: 0385-0684.
CY Japan
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA Japanese
FS Priority Journals
EM 200204
ED Entered STN: 20020403
Last Updated on STN: 20020404
Entered Medline: 20020402
AB The current role of tumor markers in the management of ovarian cancer is reviewed. The most useful tumor marker in epithelial ovarian cancer is still the antigen **CA125**. However, the level of this marker is modified by peritoneal irritation from endometriosis or **inflammatory** disease. Furthermore, the level is not elevated in nearly half of patients with the stage I disease, suggesting a limited value as a screening marker. In CA125 positive cases, the marker determination is a sensitive indicator in the early diagnosis of progressive disease in ovarian cancer. The lack of an effective second-line regimen, however, limits the value of the antigen as monitoring marker. Expectations for the new tumor markers lysophosphatidic acid and inhibin are also briefly discussed.

L6 ANSWER 2 OF 2 MEDLINE
AN 87100762 MEDLINE
DN 87100762 PubMed ID: 3467786
TI Tumour marker antigen CA125 in pancreatic cancer: a comparison with CA19-9 and CEA.
AU Haglund C
SO BRITISH JOURNAL OF CANCER, (1986 Dec) 54 (6) 897-901.
Journal code: 0370635. ISSN: 0007-0920.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198703
ED Entered STN: 19900302
Last Updated on STN: 19900302
Entered Medline: 19870304
AB CA125 is a tumour marker test based on a monoclonal antibody against an antigen from an ovarian carcinoma cell line. Serum concentrations of CA125 were determined in 95 patients with pancreatic cancer and in 106 patients with benign pancreatic, biliary and hepatocellular diseases. The CA125 concentrations were compared with the CA19-9 and CEA levels. Almost half (45%) of the patients with pancreatic cancer had an elevated CA125 level (greater than 35 U ml-1). Elevated values were also found in benign diseases (24%), especially in patients with pancreatitis and benign hepatocellular diseases, but more seldom in extrahepatic cholestasis. It seems that **CA125** is of **limited** value in the **diagnosis** of pancreatic cancer. Combination of the CA125 with the CA19-9 test increases the sensitivity only 6% as compared to the CA19-9 assay alone. There may, however, be a use for CA125 in differentiating between obstructive jaundice of benign and malignant origin.

ANSWER 8 OF 19 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

AN 2002:532523 BIOSIS

DN PREV200200532523

TI **YKL-40** is **elevated** in serum from patients with pneumococcal bacteremia and is associated with fatal outcome.

AU Kronborg, G. (1); Ostergaard, C.; Price, P. A.; Johansen, J. S.

CS (1) National University Hospital, Rigshospitalet, Copenhagen Denmark

SO Abstracts of the Interscience Conference on Antimicrobial Agents and Chemotherapy, (2001) Vol. 41, pp. 460. print.
Meeting Info.: 41st Annual Meeting of the Interscience Conference on Antimicrobial Agents and Chemotherapy Chicago, Illinois, USA September 22-25, 2001

DT Conference

LA English

AB Introduction: YKL-40 is a glycoprotein secreted from activated neutrophils and macrophages. YKL-40 is secreted in disease states characterized by inflammation or fibrosis, and it may be a novel growth factor that stimulates connective tissue cells. The aim of this study was to evaluate YKL-40 levels in patients with pneumococcal bacteremia. Methods: All data are shown as medians (min-max). All patients (n=89, age: 65 years (21-99)), who were admitted to five Danish hospitals during an eight month period, and who had a positive blood culture with Streptococcus pneumoniae, were included in the study. Serum samples taken on admission were analysed for YKL-40 by ELISA. Results: Serum YKL-40 levels from 89 patients with pneumococcal bacteremia (342 mug/l (20-20.400)) were significantly higher than serum levels obtained from 227 healthy un-infected controls (44 mug/L (0-144), Mann Whitney, $p<0.001$). YKL-40 levels in serum were significantly higher in patients who died (n=19, median: 980 mug/L (88-20400)) as compared to patients who survived (n=70, median: 253 mug/L (20-9.100), Mann Whitney: $p<0.001$). Conclusion: **YKL-40** is **elevated** in serum from patients with pneumococcal bacteremia and may be an important indicator of prognosis.

ABB

Johansen *et al. Plasma YKL-40 concentrations in patients with rheumatoid arthritis*, Abstract for scientific Conference published on or after July 12, 1992 in Davos, Switzerland.

PLASMA YKL-40 CONC. IN PATIENTS WITH RHEUMATOID ARTHRITIS. CHANGES DURING PULSE TREATMENT WITH METHYLPREDNISOLONE.

L.S. Johansen*¤, M. Hansen¤, K. Hørslev-Petersen¤, I. Lorenzen¤, P.A. Price*. *Dept. of Biology, University of California San Diego, La Jolla CA, USA; and ¤Dept. of Rheumatology, Hvidovre Hospital, University of Copenhagen, Hvidovre, Denmark.

YKL-40 is a glycoprotein that has recently been isolated from the conditioned medium of normal human synovial cells (Nyirkos P et al. Biochem J 1990;268:265) and chondrocytes (personal observation). YKL-40 has not been detected in conditioned medium from human skin and lung fibroblasts. We have termed this new protein YKL-40 based on the one letter code for its first three N terminal aminoacids and its apparent molecular weight. The function and tissue distribution of YKL-40 is at present unknown. Only the first 23 N terminal residues of human YKL-40 has been sequenced. We have developed a specific radioimmunoassay for human YKL-40 and have detected YKL-40 in blood and synovial fluid. We describe here our first studies of plasma YKL-40 levels in patients with rheumatoid arthritis (RA).

Plasma YKL-40 was measured in 97 patients with active RA. The patients entered a double blind placebo controlled trial of pulse treatment with 1000 mg i.v. methylprednisolone (MP) every 4 weeks for six months, followed by 6 months without MP therapy (Hansen TM et al. Br Med J 1990;301:268). The initial level of plasma YKL-40 was 174 ug/L (108-261 ug/L) (median (95% confidence limit)) in the patients with RA and significantly higher ($p<0.001$) than in healthy adults (50 ug/L (36-64 ug/L)). 57 patients completed the trial, taking the same disease modifying drug throughout (31 was treated with MP and 26 with placebo). In the MP treated group a significant decrease ($p<0.01$) was found in YKL-40 24 hours after start of treatment. Furthermore, plasma YKL-40 measured after 4, 8, 12, 16, 20 and 24 weeks of treatment with MP was significantly lower ($p<0.01$ - $p<0.001$) compared to the initial values. 6 months after withdrawal of MP therapy plasma YKL-40 had returned to baseline values. Plasma YKL-40 was unchanged in the placebo group throughout the 12 months study period. The initial plasma YKL-40 conc. in the patients with RA showed a significant correlation with serum CRP ($r=0.52, p<0.001$), serum ESR ($r=0.44, p<0.001$), serum aminoterminal propeptide of type III procollagen ($r=0.47, p<0.001$), serum hyaluronan ($r=0.41, p<0.001$) and with the number of swollen joints ($r=0.37, p<0.001$). At the end of the 12 months study plasma YKL-40 showed a less pronounced correlation with these laboratory parameters.

In conclusion we find that plasma YKL-40 is elevated in patients with active RA and correlated with other parameters of disease activity. MP pulse therapy induced a significant but transient decrease in plasma YKL-40. Like other circulating connective tissue markers (Hørslev-Petersen K et al. Ann Rheum Dis 1988;47:116) plasma YKL-40 levels might be a biochemical marker of connective tissue injury and repair in patients with inflammatory or degenerative rheumatic diseases.

ANSWER 12 OF 19 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.

AN 2001:4114 BIOSIS

DN PREV200100004114

TI **YKL-40** is **elevated** in cerebrospinal fluid from patients with bacterial meningitis, and is associated with outcome.

AU Ostergaard, C. (1); Sorensen, J. S.; Benfield, T.; Price, P. A.; Lundgren, J. D.

CS (1) Statens Serum Institut, Copenhagen Denmark

SO Abstracts of the Interscience Conference on Antimicrobial Agents and Chemotherapy, (2000) Vol. 40, pp. 45. print.
Meeting Info.: 40th Interscience Conference on Antimicrobial Agents and Chemotherapy Toronto, Ontario, Canada September 17-20, 2000

DT Conference

LA English

SL English

N 2000:104681 BIOSIS
DN PREV200000104681
TI YKL-40 in giant cells and macrophages from patients with giant cell arteritis.
AU Johansen, Julia S. (1); Baslund, B. O.; Garbarsch, Charly; Hansen, Michael; Stoltenberg, Michael; Lorenzen, I. B.; Price, Paul A.
CS (1) Department of Rheumatology 232, Hvidovre Hospital, Kettegard Alle 30, DK-2650, Hvidovre Denmark
SO Arthritis & Rheumatism, (Dec. 12, 1999) Vol. 42, No. 12, pp. 2624-2630. ISSN: 0004-3591.
DT Article
LA English
SL English
AB Objective. YKL-40, a mammalian member of the family 18 glycosyl hydrolases, is secreted by activated macrophages at a late stage of differentiation. Macrophages are present in inflammation of the arterial wall and are thought to participate in the pathogenesis of giant cell arteritis (GCA). The aim of this study was to evaluate whether macrophages and giant cells of patients with GCA produce **YKL-40**, and whether serum **YKL-40** concentrations are **elevated** in these patients. Methods. Serum YKL-40 was determined by radioimmunoassay in 19 patients with GCA and 8 patients with polymyalgia rheumatica (PMR) who were followed up prospectively during 1 year of treatment with prednisolone. Immunohistochemical staining for YKL-40 was performed in temporal artery biopsy samples that were obtained before treatment. Results. In the arteritic vessels of patients with GCA, positive staining for the YKL-40 antigen was found in CD68+ giant cells and mononuclear cells located in the media. Macrophages located in the adventitia and intima were negative for YKL-40. At the time of diagnosis, patients with GCA had an increased median serum level of YKL-40 (256 mug/liter; $P < 0.01$) compared with healthy age-matched controls (median 118 mug/liter), and the serum level of YKL-40 decreased to normal levels during prednisolone treatment (-38% after 1 month; $P < 0.001$). Most patients with PMR had normal serum YKL-40 levels (median 158 mug/liter) and had no changes in the serum YKL-40 levels during prednisolone treatment. The observed changes in serum YKL-40 did not always parallel the changes in serum C-reactive protein levels and erythrocyte sedimentation rate during the 1-year study period. Conclusion. YKL-40 is found in CD68+ giant cells and mononuclear cells in the media of arteritic vessels of patients with GCA, and the concentration of serum YKL-40 may reflect the local activity of these cells in the inflamed artery.

8

AN 2000:16687 BIOSIS

DN PREV200000016687

TI **YKL-40**, a matrix protein of specific granules in neutrophils, is **elevated** in serum of patients with community-acquired pneumonia requiring hospitalization.

AU Nordenbaek, Claudia (1); Johansen, Julia S.; Junker, Peter; Borregaard, Niels; Sorensen, Ole; Price, Paul A.

CS (1) Department of Internal Medicine, Section of Rheumatology, Odense University Hospital, Sdr. Boulevard 29, DK-5000, Odense Denmark

SO Journal of Infectious Diseases, (Nov., 1999) Vol. 180, No. 5, pp. 1722-1726.
ISSN: 0022-1899.

DT Article

LA English

SL English

AB The serum concentration of YKL-40, a matrix protein of specific granules in neutrophils, was determined by RIA in 90 patients hospitalized with pneumonia of suspected bacterial origin. Of these, 64 were followed prospectively during antibiotic treatment with blood samples taken on day 0 (on admission and the start of treatment) and on days 1, 3, 5, 7, 10, and 21. Serum YKL-40 at admission was increased in patients with Streptococcus pneumoniae pneumonia (median, 893 mug/L; 95% confidence interval (CI), 704-1560), compared with healthy subjects (median, 102 mug/L; 95% CI, 64-247 mug/L; P<.001) and in patients with pneumonia of unknown etiology (median, 448 mug/L; 95% CI, 334-700; P<.05). Peak YKL-40 serum values were observed on day 1 and thereafter declined steeply to almost normal by day 3. During the first 10 days, there was a close relation between serum YKL-40 and markers of specific granules of neutrophils (serum lactoferrin and neutrophil gelatinase-associated lipocalin), w hich suggests that serum YKL-40 reflects exocytosis of specific granules of neutrophils in persons with acute bacterial pneumonia.

L4 ANSWER 1 OF 10 MEDLINE
AN 2002183742 MEDLINE
DN 21913882 PubMed ID: 11915744
TI Tumor marker in ovarian cancer.
AU Komai Kan; Nishida Takashi
CS Dept. of Gynecology and Obstetrics, Kurume University School of Medicine, 67 Asahi-machi, Krume 830-0011, Japan.
SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], (2002 Mar) 29 (3) 481-6. Ref: 16
Journal code: 7810034. ISSN: 0385-0684.
CY Japan
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA Japanese
FS Priority Journals
EM 200204
ED Entered STN: 20020403
Last Updated on STN: 20020404
Entered Medline: 20020402
AB The current role of tumor markers in the management of ovarian cancer is reviewed. The most useful tumor marker in epithelial ovarian cancer is still the antigen **CA125**. However, the level of this marker is modified by peritoneal irritation from endometriosis or **inflammatory** disease. Furthermore, the level is not elevated in nearly half of patients with the stage I disease, suggesting a limited value as a screening marker. In CA125 positive cases, the marker determination is a sensitive indicator in the early diagnosis of progressive disease in ovarian cancer. The lack of an effective second-line regimen, however, limits the value of the antigen as monitoring marker. Expectations for the new tumor markers lysophosphatidic acid and inhibin are also briefly discussed.

L4 ANSWER 5 OF 10 MEDLINE
AN 1999028785 MEDLINE
DN 99028785 PubMed ID: 9812251
TI Clinical utility of **CA125** levels in predicting laparoscopically confirmed salpingitis in patients with clinically diagnosed pelvic **inflammatory** disease.
AU Moore E; Soper D E
CS Department of Obstetrics and Gynecology, Medical College of Virginia, University, Richmond, USA.
SO INFECTIOUS DISEASES IN OBSTETRICS AND GYNECOLOGY, (1998) 6 (4) 182-5. Journal code: 9318481. ISSN: 1064-7449.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199901
ED Entered STN: 19990115
Last Updated on STN: 19990115
Entered Medline: 19990107
AB OBJECTIVE: The purpose of this study was to determine the utility of serum **CA125** determinations in diagnosing acute salpingitis. METHODS: **CA125** levels were determined for 34 women with the clinical diagnosis of pelvic **inflammatory** disease (PID). Acute salpingitis was confirmed laparoscopically in 28 women (82.3%). RESULTS: Twenty patients (71.4%) with laparoscopically confirmed acute salpingitis had CA125 levels greater than 7.5 units, compared with no patients (0/6) with laparoscopically normal tubes (P = 0.002). The degree of elevation of **CA125** levels correlated with the severity of tubal **inflammation** noted at laparoscopy. All patients with levels above 16 units had laparoscopically severe salpingitis. CONCLUSIONS: We conclude that while CA125 levels above 7.5 units may modestly improve the ability of the clinical diagnosis of PID to accurately reflect visually confirmed acute salpingitis, limitations of the test make its clinical utility questionable.

L3 ANSWER 19 OF 19 DGENE (C) 2003 THOMSON DERWENT
AN AAZ94901 cDNA DGENE
TI Novel methods for detecting cancers and evaluating the prognosis of cancer using YKL-40 as a marker of cancer -
IN Price P A; Johansen J S
PA (REGC) UNIV CALIFORNIA.
PI WO 2000019206 A1 20000406 111p
AI WO 1999-US22615 19990929
PRAI US 1998-164862 19981001
DT Patent
LA English
OS 2000-303485 [26]
DESC Human cancer marker YKL-40 cDNA.
AB The present sequence is that of the coding region of cDNA for human YKL-40 mature polypeptide. YKL-40 is a 40 kDa protein having Tyr, Lys and Leu as its N-terminal residues (hence, YKL-40). It can be obtained from osteosarcoma cell line Mg63. YKL-40 is a mammalian member of the chitinase family. It is suggested that YKL-40 degrades the polysaccharide components in connective tissue and/or is a lectin that binds to specific glycan structures in the extracellular environment of cells. YKL-40 is useful as a marker for the presence or absence of a cancer and for the prognosis of a cancer. A claimed method for estimating survival length of cancer patients comprises obtaining a biological sample from the patient and measuring the level of YKL-40, a higher level than in healthy humans being indicative of reduced survival expectancy. The biological sample is obtained from a cancer patient having at least a preliminary diagnosis of cancer selected from lung, bronchus, colorectal, prostate, breast, pancreas, stomach, ovary, urinary bladder, brain, central nervous system, peripheral nervous system, oesophagus, cervix, melanoma, uterine endometrial, oral cavity, pharynx, liver, kidney, biliary tract, small bowel, appendix, salivary gland, thyroid gland, testes, or adrenal gland cancer, or osteosarcoma, chondrosarcoma, liposarcoma, or malignant fibrous histiocytoma. Levels of the **YKL-40** marker are **elevated** in pathologies associated with tissue remodeling, e.g. degenerative bone diseases such as rheumatoid arthritis, osteoarthritis, fibrosis, cirrhosis of the liver, and cancer, especially breast, colon, prostate, or lung cancer. The marker can be used to identify high risk patients, and so allow selection of appropriate therapeutic regimens. The methods may also be used to detect bacterial infections, such as bacterial pneumonia and meningitis, as these cause an elevation in YKL-40 levels, as well as diseases characterized by macrophage activation, e.g. giant cell arteritis. The YKL-40 marker may also be used to evaluate treatment efficacy, to check for recurrence of a cancer, to monitor terminal phase patients, and to check the efficacy of surgical removal of a primary tumor. The methods allow estimation of the survival time of patients with cancers, especially prostate, lung or colorectal cancer, where the colorectal cancer is Duke's stage A, B, C, or D.

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L2 ANSWER 3450 OF 3457 MEDLINE
AN 76082487 MEDLINE
DN 76082487 PubMed ID: 1202718
TI Effect of hormone therapy on immune response in patients with prostatic **cancer**.
AU Guinan P D; Ablin R J; Nourkayhan S; Bruns G R; Bush I M
SO UROLOGY, (1975 Dec) 6 (6) 693-6.
Journal code: 0366151. ISSN: 0090-4295.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 197603
ED Entered STN: 19900313
Last Updated on STN: 19900313
Entered Medline: 19760301
AB Thirty-one patients with adenocarcinoma of the **prostate** had laboratory studies done for total proteins, serum immunoglobulins, white blood cell counts, lymphocyte blastogenesis, skin tests, acid phosphatase, and CEA (**carcinoembryonic** antigen). The 16 patients receiving no hormones had depressed total proteins, lymphocyte and monocyte counts, skin tests, and CEA compared with the 15 patients receiving hromones who had depressed serum immunoglobulins, white blood cell counts, lymphocyte blastogenesis, and acid phosphatase.

L1 ANSWER 5002 OF 11160 MEDLINE
AN 97360794 MEDLINE
DN 97360794 PubMed ID: 9217757
TI Sentinel-node biopsy to avoid axillary dissection in breast **cancer** with clinically negative lymph-nodes.
CM Comment in: Lancet. 1997 Sep 13;350(9080):808; discussion 809
Comment in: Lancet. 1997 Sep 13;350(9080):808; discussion 809
AU Veronesi U; Paganelli G; Galimberti V; Viale G; Zurrida S; Bedoni M; Costa A; de Cicco C; Geraghty J G; Luini A; Sacchini V; Veronesi P
CS Division of Surgery, European Institute of Oncology, Milan, Italy.
SO LANCET, (1997 Jun 28) 349 (9069) 1864-7.
Journal code: 2985213R. ISSN: 0140-6736.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199707
ED Entered STN: 19970812
Last Updated on STN: 19990129
Entered Medline: 19970728
AB BACKGROUND: Axillary lymph-node dissection is an important staging procedure in the surgical treatment of breast **cancer**. However, early diagnosis has led to increasing numbers of dissections in which axillary nodes are free of disease. This raises questions about the need for the procedure. We carried out a study to assess, first, whether a single axillary lymph node (sentinel node) initially receives malignant cells from a **breast carcinoma** and, second, whether a clear sentinel node reliably forecasts a disease-free axilla. METHODS: In a consecutive series of 163 women with operable **breast carcinoma**, we injected microcolloidal particles of human serum albumin labelled with technetium-99m. This tracer was injected subdermally, close to the tumour site, on the day before surgery, and scintigraphic images of the axilla and breast were taken 10 min, 30 min, and 3 h later. A mark was placed on the skin over the site of the radioactive node (sentinel node). During breast surgery, a hand-held gamma-ray detector probe was used to locate the sentinel node, and make possible its separate removal via a small axillary incision. Complete axillary lymphadenectomy was then done. The sentinel node was tagged separately from other nodes. Permanent sections of all removed nodes were prepared for pathological examination. FINDINGS: From the sentinel node, we could accurately predict axillary lymph-node status in 156 (97.5%) of the 160 patients in whom a sentinel node was identified, and in all cases (45 patients) with tumours less than 1.5 cm in diameter. In 32 (38%) of the 85 cases with metastatic axillary nodes, the only positive node was the sentinel node. INTERPRETATION: In the large majority of patients with breast **cancer**, lymphoscintigraphy and gamma-probe-guided surgery can be used to locate the sentinel node in the axilla, and thereby provide important information about the status of axillary nodes. Patients without clinical involvement of the axilla should undergo sentinel-node biopsy routinely, and may be spared complete axillary dissection when the sentinel node is disease-free.

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L3 ANSWER 4705 OF 4705 MEDLINE
AN 75116764 MEDLINE
DN 75116764 PubMed ID: 1117460
TI Therapy of advanced colorectal **cancer** with a combination of 5-fluorouracil, methyl-1,3-cis(2-chlorethyl)-1-nitrosourea, and vincristine.
AU Moertel C G; Schutt A J; Hahn R G; Reitemeier R J
SO JOURNAL OF THE NATIONAL CANCER INSTITUTE, (1975 Jan) 54 (1) 69-71. Journal code: 7503089. ISSN: 0027-8874.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 197506
ED Entered STN: 19900310
Last Updated on STN: 19980206
Entered Medline: 19750602
AB In a randomized, controlled study of 80 patients with advanced **colorectal carcinoma**, the combination of 5-fluorouracil (5-FU), methyl-1, 3-cis(2-chlorethyl)-1-nitrosourea, and vincristine produced an overall degree to toxicity comparable to that of 5-FU used alone. At 10 weeks, a positive objective response rate of 43.5% was observed with the three-drug combination compared to 19.5% with 5-FU alone (P less than 0.5).

L4 ANSWER 1631 OF 1631 MEDLINE
AN 80101001 MEDLINE
DN 80101001 PubMed ID: 230460
TI [**Small cell lung carcinoma**.
Results of 2 years of combined chemotherapy-radiotherapy in 37 patients].
Cancer pulmonaire a "petites cellules". Resultats a 2 ans d'une association chimiotherapie-radiotherapie chez 37 patients.
AU Joasson J M; Saugier B; Brune J; Galy P
SO NOUVELLE PRESSE MEDICALE, (1979 Nov 12) 8 (44) 3665.
Journal code: 0312552. ISSN: 0301-1518.
CY France
DT Letter
LA French
FS Priority Journals
EM 198003
ED Entered STN: 19900315
Last Updated on STN: 19900315
Entered Medline: 19800317